MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/575204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51		0		1		
2		1						52		0	1		1	
3		1		1				53		0			1	
4		1		1				54		0			1	
5		1						55		0			1	
6		1		1				56		0			1	
7		1						57		0			1	
8		1						58		0			1	
9		1						59		0		1		
10		1						60		0			1	
11								61		0			1	
12		1		1				62	1		1		1	
13		1						63	1		1			
14	1							64	1		1			
15	1							65	1		1			
16	1							66		1	1			
17		1						67	1		1			
18		1		1				68	1		1			
19		1						69	1		1		1	
20		1		1				70		1	1		1	
21		1		1				71	1		1			
22								72	1		1			
23		0						73		1		1		
24		0		1				74		1			1	
25	1		1					75	1			1		
26		1		1				76		1		1		
27		1		1				77		1		1		
28				1				78		1		1		
29		1		1				79		1		1		
30		1		1				80						
31		1						81						
32		1		1				82						
33		1		1				83						
34	1			1				84						
35		1		1				85						
36		1		1				86						
37		1		1				87						
38	1			1				88						
39		1		1				89						
40		1		1				90						
41		1						91						
42		1		1				92						
43		1		1				93						
44		1						94						
45		1		1				95						
46		0						96						
47	1							97						
48		0						98						
49		1						99						
50		1						100						
TOTAL IND.								TOTAL IND.	13		9			
TOTAL DEP.								TOTAL DEP.		102		60		
TOTAL CLAIMS								TOTAL CLAIMS		115		69		